



National Audit of Care
at the End of Life

Auditing last days of life in hospitals

National Audit of Care at the End of Life (NACEL) 2026-2027

Management of Outliers Policy England, Wales & Jersey

Version: 2026 V.01



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¹ Via nhsbn.nacelsupport@nhs.net

² Via clinicalaudits@cgc.org.uk

³ Via wgclinicalaudit@gov.wales

⁴ Via direct contact with CEO, Medical Director, Associate Director of Quality & Safety, Head of Compliance, Assurance, Quality & Safety, Clinical Audit Effectiveness Manager & Information Governance Manager



1. Document purpose

The NHS Benchmarking Network (NHSBN) was commissioned in 2017 by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) to deliver the National Audit of Care at the End of Life (NACEL). NACEL collects, analyses and reports organisational data, the bereaved person's experience, staff experience and patient-level data at Trust, Welsh Health Board (HB) and hospital/site level. NACEL audits data from the following datasets:

- Hospital/Site Overview
- Case Note Review
- Bereavement Survey
- Staff Reported Measure

The purpose of this document is to outline the process for identifying and managing outliers in England, Wales and Jersey following statistical analysis of headline indicators which are important measures of the overall quality of care. The analysis will cover a patient cohort of inpatient deaths in acute and community hospitals from 1 January 2026 until 31 December 2026. The outlier status of individual Trusts or Health Boards remain under embargo and must not be shared externally until the publication of the State of the Nations report. Further advice is available from the NACEL Support Team¹.

This policy has been based on the [HQIP outlier guidance document](#), last updated in October 2025.

2. Why do we measure outliers?

Outlier analyses have traditionally been considered primarily a quality assurance activity. Healthcare providers need to demonstrate that they have taken appropriate steps to review and respond appropriately and proportionately to their individual outlier status. Understanding and learning from outlier analyses help to inform local and national service/quality improvement by targeting efforts. It informs monitoring of improvement or decline over time.

Identification of positive outliers will be used to celebrate organisations with clinical excellence and promote their good care. Positively performing outliers will have the opportunity to be showcased and share learning.

The healthcare regulators for England (the Care Quality Commission – CQC²), Wales (the Welsh Government³) and Jersey (Health and Community Services, Government of Jersey⁴) have a key role in the regulation and performance of healthcare providers across the devolved nations.

3. Case allocation

To determine performance of an individual organisation, it is necessary to allocate patients to each trust/health board for analysis. The statistical analysis of outliers is run separately for

¹ Via nhsbn.nacelsupport@nhs.net

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acute and community hospital submissions and is based on a minimum of 20 Case Note Reviews from NACEL 2026, referring to deaths from the 1st January 2026 – 31st December 2026. The analysis will occur early 2027, once a year of data collection is complete.

4. Data quality

Data forms the basis of quality improvement as accurate data supports reliable interpretation. Application of insights gained offer opportunities to improve the care of patients at the end of their lives and care of those important to the patient. Data is submitted by hospitals through their Case Note Review submissions. Low data quality may indicate a potentially outlying position. Two aspects of data quality will be considered and reported:

- data completeness
- data accuracy, tested using consistency and range checks.

Organisations queried as part of the outlier process will have the opportunity to review their data to identify any inaccuracies. This is outlined in the tables on pages 8 – 11 for English & Jersey providers and 12-15 for Welsh providers. Data revisions will be reported to HQIP and noted by the NACEL team.

5. Identifying poor performance

Statistically derived limits using the bottom 2.5 percentile and the 0.15 percentile will be used to detect an outlier*. The percentile method involves finding the value that is at the 2.5 percentile and the 0.15 percentile to then flag any values below those thresholds as 'alerts' and 'alarms' respectively. Those below 2.5 percentile are defined as an '**alert**'; those below 0.15 percentile are defined as an '**alarm**'.

*The outlier limits may be subject to change once the dataset is final and reviewed in conjunction with the historic NACEL data.

Benchmarking in the NACEL is based on indicators which are important measures of the overall quality of care. These indicators are reviewed annually by the NACEL team with the guidance of additional clinical experts that make up the NACEL Steering Group.

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² Via clinicalaudits@cqc.org.uk.

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Data submitted to the NACEL is analysed by a team at NHSBN with appropriate statistical expertise and experience.

For the 2026 cohort of patients, outlier status will be determined for the following two indicators taken from the Case Note Review dataset which reflect a range of processes and outcomes and are considered robust:

1.) The number of deaths where it was expected that the patient would die during their final admission in hospital as a proportion of the sample 'all deaths' included in the audit (Category 1 / Category 1 + 2 deaths)

Definitions:

The NACEL Case Note Review looks at adult (18+) deaths occurring in a ward setting which fall into the following two categories:

Category 1 death

It was expected that the patient would die during their final admission in hospital. Life sustaining treatments may still have been offered in parallel to care at the end of life.

Category 2 death

It was not expected that the patient would die during their final admission in hospital - imminent death was not recognised or expected by the hospital staff. However, the patient may have had a life limiting condition or, for example, be frail, so that whilst death wasn't recognised as being imminent, hospital staff were "not surprised" that the patient died.

Deaths classed as "sudden deaths" are excluded from the Case Note Review. For the NACEL, this includes, but is not limited to, deaths which are sudden and unexpected and/or occur within 4 hours of admission. Deaths subject to a national process for review of deaths are also excluded. The following exclusions apply for adult (18+) deaths occurring in a ward setting:

- deaths within 4 hours of admission to hospital
- deaths within an Emergency Department
- deaths due to an acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place.
- suicides
- maternal deaths

This indicator was selected as early recognition that a patient may die enables an individualised plan of care to be developed, appropriate discussions with the patient and families to take place, treatment decisions to be made and the needs of families to be considered. National and international end of life care policy supports the importance of recognition to improve the care of dying people in the last hours and days of life.

Low percentages are of concern to NACEL as this may suggest that there were missed opportunities to recognise the patient's imminent death during the final admission which may result in missed opportunities to implement care at the end of life. However, there is no gold standard for the proportion of people that should be recognised as dying and the aim is not 100%.



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The selection of this indicator is supported by Priority 1 of The Priorities for Care of the Dying Person “*This possibility [that a person may die within the next few days or hours] is recognised and communicated clearly, decisions made and actions taken in accordance with the person’s needs and wishes, and these are regularly reviewed and decisions revised accordingly*” (One Chance To Get It Right, 2014).

2.) The proportion of people who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the patient may die during the final admission (proportion of Category 1 death)

Definitions:

Category 1 death

It was expected that the patient would die during their final admission in hospital. Life sustaining treatments may still have been offered in parallel to care at the end of life.

An individualised plan of care

A plan of care personalised to the individual which covered their specific end of life care needs such as nutritional and hydration needs, symptom control, psychological, social and spiritual support. This could either be documented in an individualised plan of care template or documented in the patient’s notes.

Every person nearing the end of their life where dying was recognised should have a holistic individualised end of life care plan that captures the needs and wishes of the dying person, further taking into account the views of those important to them. This indicator shows whether the clinical auditor thought that the patient had an individualised plan of care in place. This indicator does not assess the content of the plan, rather this is reported separately.

Low percentages are of concern to NACEL, as this suggests the patient did not receive personalised care during the final admission.

Appendix A details the steps to be followed when organisations have not participated in the audit. In cases where the organisation was eligible to participate in the audit yet did not, this will be treated as an alarm level outlier and followed up via standard processes with a note clarifying that status is due to non-participation.

6. Outliers and quality improvement

As part of the [NACEL Healthcare Improvement Plan](#), poorly performing Trusts/Health Boards will have the opportunity to receive support from the NACEL Team.

Positively performing Trusts/Health Boards will have the opportunity to be showcased in the NACEL Good Practice Compendium. NACEL will report examples of excellent quality improvement initiatives via the [NACEL Good Practice Compendium](#). A selection of these examples will be put forward for external awards and be invited to showcase this work during the NACEL Quality Improvement Webinars.

For the additional metrics collected in NACEL 2026, the outlier analysis will not be applied. There will be other approaches taken to report the data in a way to differentiate healthcare



providers and support quality improvement. The data results will be reported back to participating providers within the online [Data and Improvement Tool](#). The expectation is that participating providers will review their results to identify learning and inform ongoing improvement activity.

7. Management of outliers – England & Jersey process

The management of a potential outlier will involve several people/organisations:

- NHSBN Project Team including the NACEL Clinical Lead and NACEL Quality Improvement Lead, responsible for managing the audit
- Provider Project Lead who is the main contact within the Trust
- Provider Medical Director, Chief Executive Officer and Clinical Audit Department
- HQIP⁵ including the Associate Director, Project Manager and NCAPOP Director of Operations
- For providers in England, the CQC
- For providers in Jersey, Health and Community Services, Government of Jersey

The CQC will be notified of the confirmed alarm level outliers and will consider how healthcare providers manage data quality and data submission including participation in national clinical audits. They are currently transforming their approach to regulation where it is anticipated that evidence on data quality and submission could be used to form judgements about providers. The CQC will send a routine quarterly high-level summary to NHSE of alarm level outliers.

Unlike for alarm level outliers, HQIP and the CQC **are not** mandating a formal NHS Trust notification or response process for alert-level outliers. Reporting of alert level outliers in England to CQC, NHSE and HQIP will be limited to metrics relating to mortality, however this is subject to review in line with changes to CQC processes. NACEL measures care, opposed to mortality rates. Therefore, alert level outliers will not be escalated for England.

Alert and alarm level outliers will be treated the same for providers in Jersey. NHS Benchmarking Network will only raise alarm level outliers with HQIP and Health and Community Services, Government of Jersey.

Outliers at the alert level (below 2.5 percentile)

NHSBN will inform the healthcare provider of outliers with alert-level status. The expectation is that providers should use 'alert' information as part of their internal quality monitoring process.

Outliers at the alarm level (below 0.15 percentile)

NHSBN will inform the healthcare provider, HQIP, CQC and NHS England of all outliers with alarm-level status in England. NHSBN will inform the healthcare provider, HQIP, Health and Community Services, Government of Jersey of all outliers with alarm-level status in Jersey.

⁵ Via HQIP Project Manager, Associate Director and NCAPOP Director of Operations, see the HQIP website for contact details: www.hqip.org.uk/about-us/our-team/



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The table below summarises the process and timeline for managing outliers with **alert** and **alarm**-level status and non-participating trusts. Management of non-participating trusts starts at step 5.

Stage	What action?		Who?	Within how many working days?		
1	NHSBN reviews the audit data results for each participating trust and determine whether there is an alert - or alarm -level outlier status.		NACEL Quality Improvement Lead	10		
2	All participating organisations who have been identified with alert or alarm-level status will be notified by NHSBN, via their Project Lead and be sent a copy of this outlier policy. This notification will specify that no public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report. All relevant data and analyses will be made available to the provider Project Lead. <table><tr><td>Alert level - The Project Lead is contacted (not the CEO/MD/). The expectation is that NHS Trusts should use 'alert' information as part of their internal quality monitoring process. They should review alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care quality deteriorating to the point of becoming an alarm level outlier. No further escalation for alert level outliers.</td><td>Alarm level The Project Lead in the provider organisation is requested to identify any data errors or justifiable explanation(s) for the alarm outlier status. A copy of the request will be sent to the provider organisation CEO and Medical Director. Proceed to next step (stage 3).</td></tr></table>		Alert level - The Project Lead is contacted (not the CEO/MD/). The expectation is that NHS Trusts should use 'alert' information as part of their internal quality monitoring process. They should review alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care quality deteriorating to the point of becoming an alarm level outlier. No further escalation for alert level outliers.	Alarm level The Project Lead in the provider organisation is requested to identify any data errors or justifiable explanation(s) for the alarm outlier status. A copy of the request will be sent to the provider organisation CEO and Medical Director. Proceed to next step (stage 3).	NACEL Quality Improvement Lead NACEL Clinical Lead Provider Project Lead And, potentially Provider CEO Provider Medical Director Provider Clinical Audit Department (or equivalent)	5
Alert level - The Project Lead is contacted (not the CEO/MD/). The expectation is that NHS Trusts should use 'alert' information as part of their internal quality monitoring process. They should review alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care quality deteriorating to the point of becoming an alarm level outlier. No further escalation for alert level outliers.	Alarm level The Project Lead in the provider organisation is requested to identify any data errors or justifiable explanation(s) for the alarm outlier status. A copy of the request will be sent to the provider organisation CEO and Medical Director. Proceed to next step (stage 3).					
3	Provider Project Lead provides written response to NHSBN, including the Provider CEO, Medical Director and Clinical Audit Department (or equivalent).		Provider Project Lead Provider CEO Provider Medical Director Provider Clinical Audit Department (or equivalent)	25		
4	NHSBN reviews the Provider Project Lead's response to determine if there is: 'No case to answer'		NACEL Quality Improvement Lead NACEL Clinical Lead	20		



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	•It was confirmed that the data originally supplied by the provider contained inaccuracies. Re-analysis of accurate data no longer indicates outlier status. •Data and results should be revised in NHSBN's records. Details of the provider's response and the review result is recorded. •Provider Project Lead is notified in writing by NHSBN copying in the Provider CEO, Medical Director and Clinical Audit Department (or equivalent). Process is closed. 'Case to answer' •It is confirmed that although the data originally supplied by the provider was inaccurate, analysis still indicates outlier status; or •It is confirmed that the originally supplied data was accurate, thus confirming the initial designation of outlier status. Proceed to next step (stage 5).		
5	For alarm level outliers or non-participating providers, NACEL Clinical Lead or NACEL Quality Improvement Lead contacts the Provider Project Lead, prior to sending written confirmation of alarm-level status to CEO, copying in the Project Lead, Medical Director and Clinical Audit Departments (or equivalent). This confirmation will specify that no public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report. The confirmation letter should include the following request "Please ensure this letter is circulated to the appropriate people in the trust/health board within 5 working days. This may include, but is not limited to, the trust director of nursing, the clinical audit department manager / lead, any relevant clinical directors, and the trust chair (for England only)." England: The outlier confirmation letter will make a request that the Trust engages with their CQC local team. The letter will include the details of how their inspectors will operate. The CQC local team will: • Encourage Trusts to identify any learning from their performance and provide the CQC with assurance that the Trust has used the learning to drive quality improvement • Ask the Trust how they are monitoring or plan to monitor their performance • Monitor progress against any action plan if one is provided by the trust.	NACEL Quality Improvement Lead NACEL Clinical Lead	5

⁶ The independent assurance might be provided by a commissioner, the Royal College of Physicians, or an invited review of one Health Board by another. Alternatively, Health Boards may find an assurance mechanism within their own organisation of achieving a degree of independence from the service flagged as an outlier.



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	All relevant data and statistical analyses, including previous response from the provider Project Lead, will be made available to the Clinical Audit Departments (or equivalent), Provider Medical Director and CEO. Provider CEO will be reminded that the NHSBN will be publishing information of comparative performance that will identify providers. NHSBN will notify CQC using the outlier template, NHSE and HQIP of confirmed outlier status. All three organisations should confirm receipt of the notification. The CQC will provide NHS England with a quarterly report of all alarm and alert level outliers that have been notified to CQC. Jersey: The outlier confirmation letter will make a request that the Trust engages with the team at Health and Community Services, Government of Jersey⁴. All relevant data and statistical analyses, including previous response from the provider Project Lead, will be made available to the Clinical Audit Departments (or equivalent), Provider Medical Director and CEO. Provider CEO will be reminded that the NHSBN will be publishing information of comparative performance that will identify providers. NHSBN will notify Health and Community Services, Government of Jersey⁴ and HQIP⁵ of confirmed outlier status. All two organisations should confirm receipt of the notification.		
6	NHSBN will proceed to public disclosure of comparative information that identifies healthcare providers as alarm level outliers or non-participation outliers alongside the annual report. This will feature in the Data and Improvement Tool and on the NACEL website, within the State of the Nations Report supporting document: Annual Report Data Sheet. If an investigation is conducted into the alarm outlier status, it is required that the NHSBN and CQC or Health and Community Services, Government of Jersey are provided with the outcome and actions proposed. This will be published by NHSBN alongside the annual results and can be added as an addendum or footnote to the annual report. Publication will not be delayed whilst waiting for such investigation to be completed. The outcome of the investigation can be added, online, when it subsequently becomes available. Conversely, if	NHSBN Team	Public disclosure in August 2025

⁶ The independent assurance might be provided by a commissioner, the Royal College of Physicians, or an invited review of one Health Board by another. Alternatively, Health Boards may find an assurance mechanism within their own organisation of achieving a degree of independence from the service flagged as an outlier.



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	there has been no response from the healthcare provider concerning an investigation into their alarm outlier status, NHSBN will publish the absence of an investigation response to the NACEL website where this information is presented.		
7	England only: The CQC advise that during their routine local engagement with the providers, their inspectors will: • Encourage Trusts to identify any learning from their performance and provide the CQC with assurance that the Trust has used the learning to drive quality improvement • Ask the Trust how they are monitoring or plan to monitor their performance • Monitor progress against any action plan if one is provided by the trust. The CQC are not prescriptive concerning any such investigations but there needs to be a degree of independence independent assurance⁶ of the validity of this exercise.	CQC Trust medical director NACEL Quality Improvement Lead NACEL Clinical Lead	Determined by the CQC

⁶ The independent assurance might be provided by a commissioner, the Royal College of Physicians, or an invited review of one Health Board by another. Alternatively, Health Boards may find an assurance mechanism within their own organisation of achieving a degree of independence from the service flagged as an outlier.



8. Management of Outliers – Wales process

The management of a potential outlier will involve several people/organisations:

- NHSBN Project Team including National Clinical Lead and Quality Improvement Lead, responsible for managing the audit
- Provider Project Lead who is the main contact within the Health Board
- Provider Medical Director, Chief Executive Officer and Clinical Audit Department
- HQIP including the Associate Director, Project Manager and NCAPOP Director of Operations
- The Welsh Government

Unlike for England, alert level outliers are not limited to metrics relating to mortality. NACEL will identify, escalate and report both alert and alarm level outliers to the Health Boards, HQIP and Welsh Government.

Outliers at the alert level (below 2.5 percentile)

NHSBN will also inform the Health Board, Welsh Government and HQIP of outliers with alert-level status. However, unlike for alarm level outliers, the Welsh Government and HQIP are not mandating a formal Health Board notification or response process for alert level. The expectation is that Health Boards should use 'alert' information (available within local Health Board reports) as part of their internal quality monitoring process. They should investigate alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care quality deteriorating to the point of becoming an alarm level outlier.

Outliers at the alarm level (below 0.15 percentile)

NHSBN will inform the Health Board, Welsh Government and HQIP of all outliers with alarm-level status.

The table below summarises the process and timeline for managing outliers with **alert** and **alarm**-level status and non-participating trusts. Management of non-participating trusts starts at step 5.

Stage	What action?	Who?	Within how many working days?
1	NHSBN reviews the audit data results for each participating Health Board and determine whether there is an alert - or alarm -level outlier status.	NACEL Quality Improvement Lead	10
2	All participating Health Boards who have been identified with an alert - or alarm -level status will be notified by NHSBN, via their Project Lead and be sent a copy of this outlier policy. This notification will specify that no public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report. The Project Lead in the provider Health Board is requested to identify any data errors or justifiable explanation(s) for the outlier status.	NACEL Quality Improvement Lead NACEL Clinical Lead Provider Project Lead And, potentially Provider CEO Provider Medical Director Provider Clinical Audit Department (or equivalent)	5



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	All relevant data and analyses will be made available to the provider Project Lead. A copy of the request will be sent to the provider Health Board CEO and Medical Director and Clinical Audit Department (or equivalent). Should NHSBN have problems with a poorly engaged healthcare provider, this should be escalated to the HQIP medical director who will discuss with audit provider colleagues and with relevant colleagues in the Welsh Government. The Welsh Government will then assume responsibility for the subsequent management.		
3	Provider Project Lead provides written response to NHSBN, including the Provider CEO, Medical Director and Clinical Audit Department (or equivalent).	Provider Project Lead Provider CEO Provider Medical Director Provider Clinical Audit Department (or equivalent)	25
4	NHSBN reviews the Provider Project Lead's response to determine if there is: 'No case to answer' •It was confirmed that the data originally supplied by the provider contained inaccuracies. Re-analysis of accurate data no longer indicates outlier status. •Data and results should be revised in NHSBN's records. Details of the provider's response and the review result is recorded. •Provider Project Lead is notified in writing by NHSBN copying in their CEO, Medical Director and Clinical Audit Departments (or equivalent) . Process is closed. 'Case to answer' •It is confirmed that although the data originally supplied by the provider was inaccurate, analysis still indicates outlier status; or •It is confirmed that the originally supplied data was accurate, thus confirming the initial designation of outlier status. Proceed to next step (stage 5).	NACEL Quality Improvement Lead NACEL Clinical Lead	20
5	For alert-level outliers, NHSBN will inform the Welsh Government³ and HQIP⁵ of all outliers at alert level. Written confirmation of alert status will be sent to the CEO, copying in the Project Lead. This confirmation will specify that no public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report.	NACEL Quality Improvement Lead NACEL Clinical Lead	5



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	The expectation is that Health Board Medical Directors should use the alert information (available within local Health Board reports) as part of their internal quality monitoring process. They should investigate alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care quality deteriorating to the point of becoming an alarm level outlier. NHSBN will report the alert level outlier status within the local level Health Board view of the NACEL Data and Improvement Tool, so that it is clear that they are an outlier at alert level after the publication of the State of the Nations report The process is then closed for alert level outliers. For alarm level outliers or non-participating providers, NHSBN Clinical Lead contacts the Provider Project Lead, prior to sending written confirmation of alarm-level status to CEO, copying in the Project Lead, Medical Director and Clinical Audit Departments (or equivalent). This confirmation will specify that no public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report. All relevant data and statistical analyses, including previous response from the Provider Project Lead, will be made available to the Clinical Audit Departments (or equivalent), Provider Medical Director and CEO. Provider CEO will be informed that the NHSBN will be publishing information of comparative performance that will identify providers. NHSBN will notify the Welsh Government⁵ and HQIP² of confirmed outlier status. The Welsh Government will provide a monthly report of all alarm and alert level outliers to its Quality Delivery Board.		
6	For alarm -level outliers, the Provider CEO will acknowledge receipt of the letter confirming that a local review will be undertaken with independent assurance ⁶ of the validity of this exercise, copying in the Welsh Government ⁵ .	Provider CEO	Public disclosure in August 2025
7	The Welsh Government monitors the actions of organisations responding to outliers and takes further action as and when required. The Healthcare Inspectorate Wales (HIW) does not act as regulator and cannot take regulatory action in relation to NHS providers. However, HIW can request information on the actions	Healthcare Inspectorate Wales in collaboration n with Welsh Government	Determined by the Welsh Government

	undertaken by organisations to ensure safe services are being delivered. The Welsh Government ⁵ can share information with HIW where appropriate and advise on the robustness of plans in place to improve audit results and outcomes.		
8	If no acknowledgement received, a reminder letter should be sent to the healthcare provider CEO, copied to Welsh Government ⁵ and HQIP ² . If not received within 15 working days, Welsh Government notified of non-compliance in consultation with HQIP.	NHSBN Team	15
9	NHSBN will proceed to public disclosure of comparative information that identifies healthcare providers as alarm level outliers or non-participation outliers alongside the annual report. This will feature in the Data and Improvement Tool and on the NACEL website, within the State of the Nations Report supporting document: Annual Report Data Sheet. Alert level outliers will be reported within the Data and Improvement Tool, visible to staff of the healthcare provider with alert level outlier status only. The outlier process is then closed for the alarm level outliers.	NHSBN Team	Public disclosure in August 2025

9. Document Control

Organisation	NHS Benchmarking Network
Title	NACEL Management of Outliers Policy 2026
Author	NACEL Senior Project Manager
Filename	NACEL Management of Outliers Policy 2026 v.1
Owner	Joylin Brocket, NACEL Senior Project Manager
Subject	Management of outliers
Review date	December 2025



Revision History

Revision date	Version number	Revised by	Description of revision
19/03/18	0.1	DH	First internal draft
12/04/18	0.2	DH	Internal Revisions
09/05/18	0.3	DH	Revisions following initial SG comments
01/08/18	0.4	DH	Revisions following additional guidance from HQIP published May 2018
20/08/18	0.5	DH	Revisions following confirmation from NI representative that the NI PHA will undertake the equivalent CQC role
26/09/18	0.6	DH	Revisions following Steering Group comments on 12 th September 2018 and HQIP comments via e-mail
30/11/18	0.7	DH	Revisions following additional guidance from HQIP - Wales management of outlier procedure and addition of quality indicator to be utilised
28/01/19	0.8	DH	i) Revision following request from Northern Ireland to remove from policy ii) Lead Clinical (as referred to in national guidance) changed to "Project Lead"
14/02/19	0.9	JB	Final revisions following Steering Group comments on 12 th February 2019
01/08/19	2019 0.1	CH	Internal review for 2019
03/02/20	2020 0.1	DH	Changes to reflect new Welsh guidance + update to step 5 (additional guidance from NACEL)
06/03/2020	2020 0.1	DH	Changes to reflect the guidance from HQIP that alert level outlying positions will be noted in bespoke dashboards, in addition to the steps outlined in the policy
15/09/2020	2021 0.1	CH	Updated for 2021 (round 3)
08/09/2021	2021.02	DH	Updated following issue of revised guidance from HQIP to incorporate changes to notification stages and notification of Welsh outliers. Consideration of applicability to MH spotlight audit in round 3
24/06/2022	2022.06	JB	Updated for 2022 (round 4)



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			Updated stage 5 to include further detail on notifying CQC and HQIP of 'alert level outliers'
19/02/2024	2024.01	TG/JB	Updated for 2024 audit, including change to the identification methodology. Further reflects changes made to the HQIP guidance
21/11/2024	2024.02	JB	Updated to include Jersey. Changed metric 1 language from "recognised" to "expected" to align with the question text.
06/02/2025	2025.01	JB	Updated to include reference to NACEL 2025 rather than 2024. Included alarm level status for partial non participation.
09/09/2025	2025.02	JB	Updated following HQIP 04/09/25 newsletter informing NCAPOP providers to include clinical audit departments (or equivalents) within outlier correspondence.
22/12/2025	2026.01	JB	Updated for NACEL 2026 and to align to refreshed HQIP guidance, October 2025. Main changes being: • Non public disclosure or external communication of outlier status is permitted prior to the agreed publication date of the State of the Nations report. • Telephone call prior to sending formal notification of outlier status is not required. • NCAPOP Director of Operations to sent notification of confirmed outlier status • The Welsh Government will provide a monthly report of all alarm and alert level outliers to its Quality Delivery Board. • Partial participation outlier status will be escalated for the Case Note Review and Staff Survey in 2026.



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Document approvals

Sponsor approval	Date
NACEL Steering Group	12 th February 2019
NACEL Steering Group	16 th September 2019
NACEL Steering Group	12 th January 2021
NACEL Steering Group	14 th September 2021
NACEL Steering Group	July 2022
NACEL Steering Group	1 st March 2024
NACEL Steering Group	20 th January 2026



Appendix A – non-participation table

The table in Appendix A provides definitions of non-participation where a healthcare provider is eligible for the audit but does not participate. Cases of complete non-participation will be reported as outliers.

Issue	Reporting of results	Outlier process
Provider is eligible to participate in at least one audit element e.g. Case Note Review, Quality Survey, Staff Reported Measure or Hospital/Site Overview, but has not participated in the audit at all. (Complete non-participation)	Included in reporting with specific metric results flagged with “Data not submitted by the healthcare provider”. Provider is included in the published non-participant list.	Provider should be treated as an alarm level outlier and followed up via standard processes with a note clarifying that status is due to non-participation. The Outlier process will start at step 5 with the healthcare provider lead clinician being notified that their non-participation is to be flagged up to the Trust CEO and Medical Director and the Outlier process followed with notification of CQC, NHS England, Welsh Government and HQIP.
Provider eligible to submit data to the Case Note Review and Staff Survey but has submitted no data. (Partial non-participation)	Included in reporting with specific metric results flagged with “Data not submitted by the healthcare provider”. Provider is not included in the published non participant list.	Provider should be treated as an alarm level outlier and followed up via standard processes with a note clarifying that status is due to non-participation. The Outlier process will start at step 5 with the healthcare provider lead clinician being notified that their non-participation is to be flagged up to the Trust CEO and Medical Director and the Outlier process followed with notification of CQC, NHS England, Welsh Government and HQIP.
Provider eligible to submit data to the NACEL Key indicators from the Case Note Review and Staff Survey but has submitted no data. (Partial non-participation)	Included in reporting with specific metric results flagged with “Data not submitted by the healthcare provider”. Provider is not included in the published non participant list.	Provider should be treated as an alarm level outlier and followed up via standard processes with a note clarifying that status is due to non-participation. The Outlier process will start at step 5 with the healthcare provider lead clinician being notified that their non-participation is to be flagged up to the Trust CEO and Medical Director and the Outlier process followed with notification of CQC, NHS England, Welsh Government and HQIP.